<u>VIA FACSIMILE: 1-703-872-9306</u>

Atty. Docket No. AUTO 116-Cl

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner	:	Pia Tibbits
Group Art Unit	:	2838
Appln. No.	:	10/681,713
Filing Date	:	October 8, 2003
Applicants	:	Bruce G. Poe et al.
For	:	CURRENT SENSE CIRCUIT
Confirmation No.	:	6721

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Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

CERTIFICATION OF FACSIMILE TRANSMISSION

    I hereby certify that the following papers are being transmitted by facsimile to the Patent and Trademark Office on the date shown below:

1.   Claims as Amended Form

2.   Request for Reconsideration and Remarks

3.   Authorization to Charge Deposit Account

4.   Assignment (copy as filed from previously filed patent)

5.   Terminal Disclaimer to Obviate a Double Patenting Rejection Over a Prior Patent

6.   Statement under 37 C.F.R § 3.73(b) Establishing Right of Assignee to take Action

    YOU SHOULD RECEIVE A TOTAL OF 14 PAGES.

April 27, 2004
Date

Katie E. Dykgraaf
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Facsimile: (616) 772-5223

Attorney Docket No. AUTO 116-C1

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Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*00	Minus	**00	=00	x $0	$00	x 00	$
Independent Claims	*00	Minus	**00	=00	x $00	$00	x 00	$
First Presentation of Multiple Dependent Claims $000					$00	x000	$00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					$00		$000

*   If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

**   If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

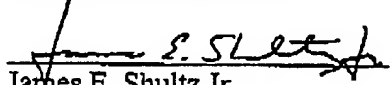***   If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- 1 -

Attorney Docket No. AUTO 116-C1

**** The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. _____ Small entity status of this application 37 CFR §§ 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. _____ No additional fee is required.
3. _____ A check in the amount of $____ is enclosed.
4. __X__ Charge Terminal Disclaimer Fee under 37 CFR 1.20(d) in the amount of $110.00 to Deposit Account 07-1070.
5. __X__ Please charge all fees or credit overpayment to Deposit Account No. 07-1070. A duplicate of this sheet is attached.

Respectfully submitted,

Date: _Apr. 27, 2004_

James E. Shultz Jr.
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Total Claims	*00	Minus	**00	=00	x $0	$00	x 00	$
Independent Claims	*00	Minus	**00	=00	x $00	$00	x 00	$
First Presentation of Multiple Dependent Claims $000						$00	x000	$00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						$00		$000

*   If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

**   If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

***   If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
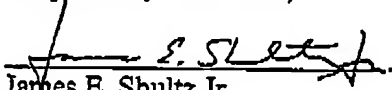
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REQUEST FOR RECONSIDERATION

Sir:

In response to the Office Action dated February 20, 2004 the Applicant offers the following response:

Please reconsider the application in light of the following remarks:

Remarks begin on page 2 of this paper.